

MULTIPLE DEPEN
CLAI
FEE CALCULATION SHEET
(FOR USE WITH FO XTO-875)

CLAIM

SERIAL NO.

FILING DATE

10/585693

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7	1						
8		1					
9							
10							
11							
12							
13							
14							
15							
16							
17		1					
18		1					
19							
20							
21							
22							
23							
24							
25							
26							
27		1					
28	1						
29							
30	1						
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	4	↓		↓		↓	
TOTAL DEP.	26	←		←		←	
TOTAL CLAIMS	30	██████████		██████████		██████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.					↓		
TOTAL CLAIMS		██████████		██████████		██████████	